



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Gholam A. Peyman

Appl. No.: 09/986,141

Filed: November 7, 2001

Title: METHOD OF RESHAPING THE CORNEA BY CONTROLLED THERMAL DELIVERY

Art Unit: 3738

Examiner: D. Shay

Docket No.: 115588-015

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**AMENDMENT**

Sir:


In response to the Office Action dated December 15, 2003 and the Advisory Action dated July 8, 2004, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.

09/20/2004 AWONDAF1 00000024 021818 09986141

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>115588-015</b>	
Applicant(s):					
Application No. <b>09/986,141</b>	Filing Date <b>November 7, 2001</b>	Examiner <b>D. Shay</b>	Customer No. <b>29180</b>	Group Art Unit <b>3738</b>	Confirmation No.
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;">             JPL SEP 14 2004 PATENT &amp; TRADEMARK OFFICE           </div> <div>             Invention: <b>METHOD OF RESHAPING THE CORNEA BY CONTROLLED THERMAL DELIVERY</b> </div> </div>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	24 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	2 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of <b>\$440.00</b> to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1818</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated:		
CC:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			<i>Signature of Person Mailing Correspondence</i>		
			Typed or Printed Name of Person Mailing Correspondence		